

Case Number:	CM13-0020714		
Date Assigned:	10/11/2013	Date of Injury:	08/30/2011
Decision Date:	01/02/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49-year-old male who reported an injury on 08/30/2011 when he was trying to remove a pin to disconnect a tractor and subsequently felt a pop in his right arm which led to him experiencing pain. The patient was diagnosed as having a rotator cuff injury and tear with a ruptured biceps tendon. The patient underwent a right shoulder arthroscopy and resection of the root of the biceps, and resection of the torn superior labrum, debridement of the articular side with a partial thickness rotator cuff tear (that was about 20% of the thickness of the tendon), endoscopic subacromial decompression, and arthroscopic partial distal clavicle resection and coplaning of the distal clavicle performed on 02/24/2012. The physical therapy notes dated 04/02/2012 state that the patient has completed 12 physical therapy sessions. Since that time, the patient has continued to have discomfort in his shoulder, rating his pain at 6/10, describing his pain as sharp, shooting and spasm like with occasional reference down his right arm. The patient states that using his arm increases his discomfort while immobility, inactivity, and the use of oral medications help to alleviate some of his pain. He denies having any numbness or tingling, although he has mild weakness within the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Purchase or rental of a home Transcutaneous Electrical Nerve Stimulation (TENS) unit:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS) Page(s): 113-117.

Decision rationale: The California MTUS Guidelines does not recommend the use of a TENS unit as a primary treatment modality. It further states that the results are inconclusive as to the effectiveness of electrical stimulation provided by a TENS unit. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Although the documentation states that the employee had been recommended for additional physical therapy in 07/2013, it is unclear whether or not the employee resumed any further active therapy which could have been used in adjunct with a TENS units at that time. Furthermore, the most current documentation does not state that part of the care plan is to have the employee utilize another conservative modality alongside the use of the TENS (as per CA MTUS) unit prior to a possible surgery consult. The request for a purchase or rental of a home Transcutaneous Electrical Nerve Stimulation (TENS) unit is not medically necessary and appropriate.